

File No:

How do you know about us? Family or Friends Olaternet No. MEDICAL HISTORY Certain medical conditions can affect dental treatment and vice versa. Please complete this form by answering the questions.	No ((Others Others, Please Specify Fainting / Seizures Leukemia Lung Disease Hepatitis/Jaundice AIDS/HIV Infection
Mobile no.: 05 59 18 69 5 Email: Sava Welland Color Date of Birth: 3 Any 1984 Sex: 0 M OF Nati How do you know about ds? 0 Family or Friends Q Internet 0 No MEDICAL HISTORY Certain medical conditions can affect dental treatment and vice versa. Please complete this form by answering the questions. Chief Complaint:	No ((Others Others, Please Specify Fainting / Seizures Leukemia Lung Disease Hepatitis/Jaundice AIDS/HIV Infection
Date of Birth: 3 Apry 1984 Sex: OM OF Nati How do you know about us? O Family or Friends O Internet ON MEDICAL HISTORY Certain medical conditions can affect dental treatment and vice versa. Please complete this form by answering the questions. Chief Complaint: All details will be strictly confidential. Are you under a physician's care now? Are you taking any medications, pills, or drugs? Have you ever been hospitalized or had a major operation? Have you ever had any complications following dental treatment? Are you a smoker? Do you have, or have you had any of the following High Blood Pressure	No ((Others Others, Please Specify Fainting / Seizures Leukemia Lung Disease Hepatitis/Jaundice AIDS/HIV Infection
Certain medical conditions can affect dental treatment and vice versa. Please complete this form by answering the questions. Chief Complaint: All details will be strictly confidential. Are you under a physician's care now? Are you taking any medications, pills, or drugs? Have you ever been hospitalized or had a major operation? Have you ever had any complications following dental treatment? Are you a smoker? Do you have, or have you had any of the following High Blood Pressure Low Blood Pressure Rheumatic Fever Asthma Heart Attack Epilepsy Heart Disease Thyroid Problem Diabetes Tuberculosis Stroke Arthritis Cancer Creutzfeldt–Jakob disease (CJD) Others, Please Specify. Are you allergic, or have you reacted adversely to any of the following: Yes Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen	No No	Others, Please Specify Painting / Seizures Leukemia Lung Disease Hepatitis/Jaundice AIDS/HIV Infection
Certain medical conditions can affect dental treatment and vice versa. Please complete this form by answering the questions. Chief Complaint: All details will be strictly confidential. Are you under a physician's care now? Are you taking any medications, pills, or drugs? Have you ever been hospitalized or had a major operation? Have you ever had any complications following dental treatment? Are you a smoker? Do you have, or have you had any of the following High Blood Pressure Low Blood Pressure Rheumatic Fever Asthma Heart Attack Epilepsy Heart Disease Tibyroid Problem Diabetes Tuberculosis Stroke Arthritis Cancer Creutzfeldt–Jakob disease (CJD) Others, Please Specify. Are you allergic, or have you reacted adversely to any of the following: Yes Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen		Fainting / Seizures Leukemia Lung Disease Hepatitis/Jaundice AIDS/HIV Infection
Certain medical conditions can affect dental treatment and vice versa. Please complete this form by answering the questions. Chief Complaint: All details will be strictly confidential. Are you under a physician's care now? Are you taking any medications, pills, or drugs? Have you ever been hospitalized or had a major operation? Have you ever had any complications following dental treatment? Are you a smoker? Do you have, or have you had any of the following High Blood Pressure Low Blood Pressure Rheumatic Fever Asthma Heart Attack Epilepsy Heart Disease Tiberculosis Stroke Arthritis Cancer Creutzfeldt–Jakob disease (CJD) Others, Please Specify. Are you allergic, or have you reacted adversely to any of the following: Yes Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen		Fainting / Seizures Leukemia Lung Disease Hepatitis/Jaundice AIDS/HIV Infection
Please complete this form by answering the questions. Chief Complaint: All details will be strictly confidential. Are you under a physician's care now? Are you taking any medications, pills, or drugs? Have you ever been hospitalized or had a major operation? Have you ever had any complications following dental treatment? Are you a smoker? Do you have, or have you had any of the following High Blood Pressure Low Blood Pressure Rheumatic Fever Asthma Heart Attack Epilepsy Heart Disease Tiberculosis Stroke Arthritis Cancer Creutzfeldt—Jakob disease (CJD) Others, Please Specify. Are you allergic, or have you reacted adversely to any of the following: Yes Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen		Fainting / Seizures Leukemia Lung Disease Hepatitis/Jaundice AIDS/HIV Infection
All details will be strictly confidential. Are you under a physician's care now? Are you taking any medications, pills, or drugs? Have you ever been hospitalized or had a major operation? Have you ever had any complications following dental treatment? Are you a smoker? Do you have, or have you had any of the following High Blood Pressure Low Blood Pressure Rheumatic Fever Asthma Heart Attack Epilepsy Heart Disease Kidney Disease Liver Disease Tuberculosis Stroke Arthritis Cancer Creutzfeldt–Jakob disease (CJD) Others, Please Specify- Are you allergic, or have you reacted adversely to any of the following: Yes Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen		Fainting / Seizures Leukemia Lung Disease Hepatitis/Jaundice AIDS/HIV Infection
Are you under a physician's care now? Are you taking any medications, pills, or drugs? Have you ever been hospitalized or had a major operation? Have you ever had any complications following dental treatment? Are you a smoker? Do you have, or have you had any of the following High Blood Pressure Low Blood Pressure Rheumatic Fever Asthma Heart Attack Epilepsy Heart Disease Kidney Disease Liver Disease Thyroid Problem Diabetes Tuberculosis Stroke Arthritis Cancer Creutzfeldt-Jakob disease (CJD) Others, Please Specify Are you allergic, or have you reacted adversely to any of the following: Yes Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen		Fainting / Seizures Leukemia Lung Disease Hepatitis/Jaundice AIDS/HIV Infection
Are you under a physician's care now? Are you taking any medications, pills, or drugs? Have you ever been hospitalized or had a major operation? Have you ever had any complications following dental treatment? Are you a smoker? Do you have, or have you had any of the following High Blood Pressure		Fainting / Seizures Leukemia Lung Disease Hepatitis/Jaundice AIDS/HIV Infection
Are you taking any medications, pills, or drugs? Have you ever been hospitalized or had a major operation? Have you ever had any complications following dental treatment? Are you a smoker? Do you have, or have you had any of the following High Blood Pressure Low Blood Pressure Rheumatic Fever Asthma Heart Attack Epilepsy Heart Disease Kidney Disease Liver Disease Thyroid Problem Diabetes Tuberculosis Stroke Arthritis Cancer Creutzfeldt–Jakob disease (CJD) Others, Please Specify- Are you allergic, or have you reacted adversely to any of the following: Yes Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen	(((((((((((((((((((Leukemia Lung Disease Hepatitis/Jaundice AIDS/HIV Infection
Have you ever been hospitalized or had a major operation? Have you ever had any complications following dental treatment? Are you a smoker? Do you have, or have you had any of the following High Blood Pressure	(((((((((((((((((((Leukemia Lung Disease Hepatitis/Jaundice AIDS/HIV Infection
Have you ever had any complications following dental treatment? Are you a smoker? Do you have, or have you had any of the following High Blood Pressure	(((((((((((((((((((Leukemia Lung Disease Hepatitis/Jaundice AIDS/HIV Infection
Are you a smoker? Do you have, or have you had any of the following High Blood Pressure Low Blood Pressure Rheumatic Fever Asthma Heart Attack Epilepsy Heart Disease Kidney Disease Liver Disease Thyroid Problem Diabetes Tuberculosis Stroke Arthritis Cancer Creutzfeldt–Jakob disease (CJD) Others, Please Specify Are you allergic, or have you reacted adversely to any of the following: Yes Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen	Т	Leukemia Lung Disease Hepatitis/Jaundice AIDS/HIV Infection
Do you have, or have you had any of the following High Blood Pressure Low Blood Pressure Rheumatic Fever Asthma Heart Attack Epilepsy Heart Disease Kidney Disease Liver Disease Thyroid Problem Diabetes Tuberculosis Stroke Arthritis Cancer Creutzfeldt–Jakob disease (CJD) Others, Please Specify Are you allergic, or have you reacted adversely to any of the following: Yes Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen	Т	Leukemia Lung Disease Hepatitis/Jaundice AIDS/HIV Infection
High Blood Pressure	Т	Leukemia Lung Disease Hepatitis/Jaundice AIDS/HIV Infection
Asthma Heart Attack Epilepsy Heart Disease Kidney Disease Liver Disease Thyroid Problem Diabetes Tuberculosis Stroke Arthritis Cancer Creutzfeldt–Jakob disease (CJD) Others, Please Specify Are you allergic, or have you reacted adversely to any of the following: Yes Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen	Т	Leukemia Lung Disease Hepatitis/Jaundice AIDS/HIV Infection
Heart Disease Kidney Disease Liver Disease Thyroid Problem Diabetes Tuberculosis Stroke Arthritis Cancer Creutzfeldt–Jakob disease (CJD) Others, Please Specify. Are you allergic, or have you reacted adversely to any of the following: Yes Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen	Т	Lung Disease Hepatitis/Jaundice AIDS/HIV Infection
Thyroid Problem Diabetes Tuberculosis Stroke Arthritis Cancer Creutzfeldt–Jakob disease (CJD) Others, Please Specify. Are you allergic, or have you reacted adversely to any of the following: Yes Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen	Т	Hepatitis/Jaundice AIDS/HIV Infection
Stroke Arthritis Cancer Creutzfeldt–Jakob disease (CJD) Others, Please Specify. Are you allergic, or have you reacted adversely to any of the following: Yes Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen	Т	AIDS/HIV Infection
Creutzfeldt–Jakob disease (CJD) Others, Please Specify Are you allergic, or have you reacted adversely to any of the following: Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen	Т	
Are you allergic, or have you reacted adversely to any of the following: Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen	Т	
Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen		
Penicillin or other antibiotics Asperin or Ibuprofen	No	Others, Please Specify
Asperin or Ibuprofen	1	
- William Control of the Control of	/	
Reactions to metals		
Nacional to metals		
Latex or rubber dam	/	
Foods	/	
Additional questions for women. Yes	No	Others, Please Specify
Are you pregnant or trying to get pregnant?	/	
if yes, expected delivery date:		
Are you taking oral contraceptives?		
PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURREN	T PAIN IN	ITENSITY

To the best of my knowledge, all of the preceding answer and information provided are true and correct. If I ever have any change in my health, I will inform the doctor at the next appointment without fail.